

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIMS						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10	/		/				60			
11			/				61			
12			/				62			
13			/				63			
14			/				64			
15			/				65			
16			/				66			
17			/				67			
18			/				68			
19			/				69			
20			/				70			
21			/				71			
22			/				72			
23			/				73			
24			/				74			
25			/				75			
26			/				76			
27			/				77			
28			/				78			
29			/				79			
30	/		/				80			
31			/				81			
32			/				82			
33			/				83			
34			/				84			
35			/				85			
36			/				86			
37			/				87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	/		/				TOTAL IND.			
TOTAL DEP.	8		24				TOTAL DEP.			
TOTAL CLAIMS	9		26				TOTAL CLAIMS			